

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

**RECEIVED**

JAN 11 2011

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate

Henry B. "Hank" ZUBER

Address

429 Hanley Road, Ocean Springs, 38864

Telephone

228-875-4866

Fax 228-875-7891

Contact Name

Hank ZUBER

Email

hank7@cableone.net

Office Sought

state rep

Political Party

Rep

☐ Check here if above is different from previous report**TYPE OF REPORT**

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ✓ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5,150 + \$ 600	\$ 5,650	\$ 5,650
Total amount of disbursements	\$ 724.16 + \$ 250	\$ 974.16	\$ 974.16
Total amount of cash on hand		\$ 15,314.65	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/10/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

HANK ZUBER

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Reporting period

1/1/10

through

12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE PAC		5/25/10	\$ 500
Mailing Address PO Box 2663		10/19/10	\$ 500
City, State, Zip Code Tuscaloosa, AL 35403		1/1/10	\$
Name of Employer (Required)		1/1/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental PAC		8/23/10	\$ 1,000
Mailing Address 2630 Ridgewood Rd., Ste. C		1/1/10	\$
City, State, Zip Code Jackson, MS 39216-4920		1/1/10	\$
Name of Employer (Required)		1/1/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Roy Hutcherson, Sr.		8/24/10	\$ 300
Mailing Address 101 Washington St., SE		1/1/10	\$
City, State, Zip Code Huntsville, AL 35801-4927		1/1/10	\$
Name of Employer (Required) Hutcherson Enterprises		1/1/10	\$
Occupation (Required) self-financial		Aggregate year-to-date	\$ 300
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T PAC		9/2/10	\$ 250
Mailing Address 175 E. Capital St.		1/1/10	\$
City, State, Zip Code Jackson, MS 39201		1/1/10	\$
Name of Employer (Required)		1/1/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 250

Name of Candidate or Committee Hank ZUBER Page 3 of 5  
 Reporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cherron PAC</u>		<u>9/20/10</u>	\$ <u>1,000</u>
Mailing Address <u>PO Box 1300</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Partners</u>		<u>10/15/10</u>	\$ <u>250</u>
Mailing Address <u>416 Brava Costa St.</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Dauphin Island, AL 36528</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>self</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>financial services</u>		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centend</u>		<u>12/4/10</u>	\$ <u>500</u>
Mailing Address <u>7711 Carondelet Ave.</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group</u>		<u>12/21/10</u>	\$ <u>500</u>
Mailing Address <u>444 N. Capitol SW Suite 237</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Washington DC 20601</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee

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Reporting period

1/1/10

through

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>12/28/10</u>	\$ <u>250</u>
Mailing Address <u>133 Peachtree St.</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Atlanta, GA 30303</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

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1/1/10

through

12/31/10

# ITEMIZED DISBURSEMENTS

A. Full name <u>Campaign to Elect Doug Mataya</u>		Date (Mo., Day, Year) <u>3/29/10</u>	Amount of each disbursement this period \$ <u>250</u>
Mailing Address <u>P.O. Box 8052</u>			
City, State, Zip Code <u>Springdale, Ark 72766</u>		<u>---</u>	\$
Purpose of Disbursement (Optional) <u>Contribution to campaign</u>		Aggregate Year-to-date	\$ <u>250</u>
B. Full name <u>O.S. Rotary Club</u>		Date (Mo., Day, Year) <u>7/10/10</u>	Amount of each disbursement this period \$ <u>250</u>
Mailing Address <u>P.O. Box 456</u>			
City, State, Zip Code <u>Ocean Springs, MS 39564</u>		<u>---</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>		Aggregate Year-to-date	\$ <u>250</u>
C. Full name <u>Jackson Circuit Clerk</u>		Date (Mo., Day, Year) <u>7/23/10</u>	Amount of each disbursement this period \$ <u>224.16</u>
Mailing Address <u>P.O. Box 998</u>			
City, State, Zip Code <u>Pascagoula, MS 39566</u>		<u>---</u>	\$
Purpose of Disbursement (Optional) <u>Voter CD</u>		Aggregate Year-to-date	\$ <u>224.16</u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>---</u>	\$
City, State, Zip Code		<u>---</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>---</u>	\$
City, State, Zip Code		<u>---</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>---</u>	\$
City, State, Zip Code		<u>---</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$